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form, together with applicable fee(s), to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

02/05/2002

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Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Susan M. Dillon	(Depositor's name)
Jusan M Oillon	(Signature)
April 30, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/588,921	06/07/2000	John T. Isaacs	07265-149003	1173

TITLE OF INVENTION: TISSUE SPECIFIC PRODRUG

	TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	TITY ISSUE FEE PUBLICATION FEE TO		TOTAL FEE(S) DUE	DATE DUE		
	33	nonprovisional	YES	\$640	\$640 \$0		05/06/2002		
	EXA	MINER	ART UNIT	CLASS-SUBCLAS	is				
	HUFF, SHEE	ELA JITENDRA	1642	514-013000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. 			· I are manner or ab a	the patent front page, lip 3 registered patent attorernatively, (2) the name	meys . Peter T	. Corless			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				ig as a member a regi and the names of up		& Angell, LL			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				registered patent a is listed, no name v	ttorneys or agents. If no vill be printed.	3	3		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Johns Hopkins University

Baltimore, Maryland

	Please check the appropriate assignee category or categories (will not	be printed on the patent)	Qi io	lividual	a corporation or	other private group entity	y Q government
	4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
	■ Issue Fee	A check in the amount	of the fe	e(s) is cn	closed.		
	☐ Publication Fee	☐ Payment by credit card	rd. Form PTO-2038 is attached.				
Advance Order - # of Copies 10 The Commissioner is hereby authorized by charge the required fee(s), or credit s Deposit Account Number 04-1105 (enclose an extra copy of this form).				ired fee(s), or credit any ra copy of this form).	my overpayment, to		
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issa application identified above. (Authorized Signature) (Date) 4/30/02 Petage For and Publication For (if required) will not be accepted from any other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231 Assistant Commissioner for Patents, Washington, D.C. 20231			e and Pub	.00 00			
	other than the applicant; a registered attorney or agent; or the a interest as shown by the records of the United States Patent and Trad Burden Hour Statement: This form is estimated to take 0.2 hours to depending on the needs of the individual case. Any comments on the to complete this form should be sent to the Chief Information Off and Trademark Office, Washington, D.C. 20231. DO NOT SEND FORMS TO THIS ADDRESS. SEND FEES AND THIS FOR	assignee or other party in demark Office. o complete. Time will vary he amount of time required ficer, United States Patent FEES OR COMPLETED RM TO: Box Issue Fee, required to respond to a	; }		5/10/2002 HAUDNG2 L FC:242 P FC:361	640.00 30.00	